

CONNECTIONS

The Newsletter for Addiction Professionals



President's Message

By Angela Hayes

Greetings to all IAAP members.

For those of you unable to attend IAAP's fall conference, I am Angela Hayes and I am your new President for the next two years. Before I begin, I want to send out a heartfelt "thank you" to Albert Alveraz who certainly has been a mentor to me and a central part of IAAP over the years. Albert is such a generous person who loves to share his knowledge with others and is such an advocate for students moving into this profession. We were lucky to have Albert and certainly wish him the very best as he moves on to the next stage of his life.

I would also like to send out a big "congratulations" to Brent Stachler, who was named IAAP's first annual Counselor of the Year! As many of you know, Brent has served IAAP for many years, including President-elect. Congratulations again Brent!

Introducing myself, I am a LMHC and LCAC who practiced for over 20 years, specializing in adolescents and women's issues. I started in community mental health where I worked for a year as a therapist in an adolescent group home. I then moved on Vincennes University where I worked in the student counseling center for close to 10 years. Due to cutbacks, I found myself back in community mental health, spending close to ten years at Hamilton Center in Sullivan County.

Continued on page 2 see PRESIDENT



ARE YOU UPDATED?

Please contact us to update your address & email to avoid missing important information!

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IAAP NEEDS YOU!

*Look Inside this issue for Exciting Leadership
and Advocacy Opportunities to Gain Skills
and Support Addiction Professionals*



A MESSAGE FROM YOUR EDITOR IN CHIEF

You will be seeing the election results in this edition. I was astonished that so many of you did not care enough to vote. That bothers me because this is YOUR professional organization and ALL OF YOU are now considered professional by other professions! All on the Board of Directors desire to do the best in serving your needs, but we need your input. We have never been good at mind reading, and it is impossible to connect with each member all over the state except through our conferences and now this newsletter, which welcomes your input. I'm offering to hear you personally on why you could not get time to vote this year. You may email me at your convenience. I am only responsible for me and I offer this chance to find out if a change in procedure would help in the future. I do not condemn as I do not wish to be condemned. I'd like to hear from YOU!

Live well. Laugh often. Love much. -Kay

PRESIDENT Continued

I started as a therapist and after a few years moved into administration acting as the Program Manager at the Sullivan office. I began as an adjunct at Ivy Tech in Terre Haute in 2007 and was fortunate to be hired on full time in 2010. I currently teach in the Human Services department where we offer, among other things, a certification in substance abuse studies. I am also adjunct at ISU, serving as an onsite supervisor for the graduate students while also teaching a couple of classes at the graduate level.

I began my service to IAAP in 2011 and am honored to serve as your President. It will be an exciting time for my tenure as IAAP will be celebrating 10 years in 2015! I anticipate the board will look to either the spring or fall conference to celebrate this wonderful milestone. We will certainly keep you all posted as things develop.

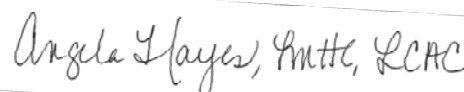
As I think towards the next two years and what I would like to accomplish as President, I envision increasing membership and growing IAAP. I would also like to see current IAAP members become more involved in IAAP by voting in IAAP elections, attending conferences, and serving on committees and/or the Board of Directors.

As many of you know, IAAP has two annual conferences, spring and fall and typically a one day conference in the summer. We are always looking for topics of interest and would like to see our conference attendance increase. We do our best to keep the conference cost low and really want to bring you interesting and engaging topics. With the implementation of licensure in Indiana, IAAP is moving out of the certification business, which was once central to our sustainability. Being candid, IAAP is now looking to membership and conference attendance to sustain and grow our organization. I realize we are in a new age where CEU's can be obtained online, and many employers are less likely to allow time off for confer-

ences or will bring conferences to their staff as an in-service day. With these challenges, we as an organization must think outside the box to bring folks to our conferences. If you have any suggestions, please let myself or any other board member know, as we are here to serve you and want to bring the best that we can for our members.

On a final note, we are fast approaching the holiday season, which we all know can be a challenging time for not only ourselves but also the clients we serve. Every year the holiday seems to come earlier (I have been hearing Christmas music for over two weeks now on the radio!) while at the same time becoming smaller (retailers opening on Thanksgiving for "bigger deals".) I am sure most will be working with your clients on self-care plans for the holiday season, and I would just like to remind you to please take care of yourself as well. Often we fail to recognize how stressed we are because we are so busy taking care of others. But, we can't effectively help others unless we ourselves are healthy, so please, take care and have a safe and happy holiday season!

Best wishes,



Angela Hayes, LMHC, LCAC
IAAP President



2014-2015 IAAP Events Calendar



REGISTER TODAY! - www.iaapin.org

IAAP Annual Spring Conference

April 10-11, 2015

Opioid Addiction

With Cardwell C. Nuckols, PhD

Next Certification Committee Meeting:

January 10, 2015

Kudos To:

KUDOS - DEFINITION: Praise and honor for an achievement.

IAAP wants to recognize our members who achieve a professional goal, as in qualifying for a new level of certification or licensure, or an academic degree or a new place to put your skills to work.

At this time, IAAP would like to recognize our members, who have received their Certification this summer:

Shelly Mahan - APIT
&
Norman Henry - APIT



A SOBER CHUCKLE ... Rx: LAUGHTER



Knock Knock.
Who's there?
HIPPA.
HIPPA Who?
I can't tell you that!!!



Dumb Laws and Dangerous Docs

Reader's Digest June, 2012

To cut down on drinking and driving in Louisiana, lawmakers have banned the state's ubiquitous drive-through daiquiri shops. Oh, wait—those are still legal. What may be banned is drink lids with straw holes! In March, Sen. Dan Claitor successfully lobbied the state congress to allow only solid plastic lids—no pre-punched hole for a straw—on to-go daiquiris.

Medical Marijuana For Kids

Reader's Digest June, 2012

Yes, some doctors are prescribing medical marijuana to children with ADHD and autism—even though kids with ADHD are two to three times more likely to develop an addiction to drugs and alcohol later in life.



Conference and Continuing Education Committee

Our 2015 spring conference will be on April 10 and 11 and our speaker will be Cardwell C. Nuckols. He has training in neurobiology, pharmacology, chemistry, education, and psychology. He has authored more than 50 journal articles, 30 books and workbooks, and many DVD's, videos, and CD's. He will present information on opiates on the 10th and synthetics on the 11th. His topic is interesting and relevant to today's clinicians. Thank you to all who came out for our fall conference! I hope we have a good turnout for this one as well. Anybody interested in sponsoring a break or lunch, or if you have an idea of any agency that is willing to sponsor, please contact the marketing committee with this information to make this a successful event. I appreciate the feedback all of the participants provided for ideas for the next conference. We are working now on the next fall conference. If you know of a speaker who can provide training please forward that information to me. The sooner we set the conferences up the greater the likelihood we will have a good turnout. Thanks to all who have assisted in working on these conferences.

Anybody interested in attending the training to renew your CCS, please let me know. I need several more participants in order to schedule this. If you missed it earlier in the year, now is the time to be able to continue your certification as a clinical supervisor. Contact me by email at peggy.payonk@regionalmentalhealth.org to sign up now.

I continue to need committee members. You may reach me by email if you are interested in joining the conference and education committee.

Peggy Payonk, MSW, LCSW, LCAC
IAAP Conference & Continuing Education Committee Chair



A Message from your Immediate Past President

Since I was denied the opportunity to personally introduce our new president at the Fall Conference (I was in New York at my sister's funeral), I want to take a moment here in our newsletter to present to you and welcome our new president, Angela Hayes. She is a young vibrant leader with experience on our IAAP Board of Directors and committee work. I appreciate her compassion and dedication for recovery. Angela has both counseling and academic teaching experience, which is so necessary for IAAP's current academic and workforce development, student sponsoring and mentoring, and moving our membership continuously forward in the best possible professional way. As president, Angela is a NAADAC National Board of Director and represents Indiana addiction professionals. She also is ex officio on every IAAP Committee with full voting privileges. I am very proud of Angela and I ask you to welcome her and give her your best attention and cooperation. I also want to congratulate Steve Stone, our new

president-elect. He served as IAAP's Ethic Committee Chair and was an active IAAP Board of Director. I appreciate Steve's research abilities and his passion for recovery and spirituality. Please join me in welcoming Steve to his new leadership position. As president-elect he will automatically be Chair of the IAAP's Legislative Committee.

As I move into my new position as immediate past president and the new chair of the IAAP Steering Committee, I want to thank the hard working IAAP Board of Directors and IAAP Committee Chairs in which I had the honor and privilege to work as president. And I want to thank each IAAP member for your continued support, while I was president, of our most important effort of sponsoring and mentoring students becoming our new addiction professionals. As we approach the Holiday Season, let us give thanks to one another for our addiction recovery profession by recommitting our efforts to sponsor and mentor. And if you want to thank me, please go and sponsor and mentor a student right now.

Merry Christmas and Happy Hanukah!

Only Our best,

C. Albert Alvarez, LMHC, LCAC, MAC, CGP.

C. Albert Alvarez, LMHC, LCAC, MAC, CGP.
IAAP Immediate Past President

Marketing Committee

The Marketing Committee continues to seek ways to expand our contact with members and non-members who are seeking to broaden their knowledge and expertise in the area of Substance Abuse Disorders. Our Fall Conference was well attended and well received.

To be part of the Spring Conference, please mark your calendars for April 10, 2015.

CC Nichols plans to discuss with us the challenges of treating Opiates. If you are not familiar with this speaker, check him out at Barnes and Noble or Google. He has authored many books that you may find helpful to increase your understanding and insight related to our clients and ourselves.

At this time we want to encourage anyone who wishes to advertise in our emailed and post office mailed Newsletter. The fees are \$100 for a whole page, \$50 for a half page and \$25 for a quarter page. This is a perfect opportunity to advertise your private practice, counseling center, and/or related products.

The Marketing Committee asks each member to invite a friend and/or co-worker to join IAAP. The educational and networking advantages are invaluable.

Jeanne Hayes
IAAP Marketing Committee

Words of Wisdom

"No legacy is so rich as honesty." William Shakespeare.

"Tough times never last, but tough people do." Dr. Robert Schuller

"Never think you've seen the last of anything." Eudora Welty
(An award-winning American author who wrote short stories and novels about the American South. Her novel, *The Optimist's Daughter*, won the Pulitzer Prize in 1973.)

Election Committee

The voter turn-out was poor with only 13% of our membership voting. Steve Stone, for President Elect, received 100% of the vote.

Phil Schortgen, for Treasurer, received 100% of the vote. There were two write-ins for Secretary that tied in vote, so that will return to the BoD to decide.

There are still unfilled Regional Representatives for BoD positions open; if you live in Region 2 (NE Quadrant of the state) or Region 3 (Southeast Quadrant of the state), please consider becoming active on the Board of Directors. Anyone interested can contact any of our Board members to find out more information.

The elections were held electronically, which provided convenience of tally. However, the number of votes cast was poor. The recommendation for next year's election is to continue use of the electronic version and be certain to remind members in the Spring and Summer edition of the IAAP newsletter to visit IAAP's website to cast their vote.

Respectfully Submitted,

Brent A Stachler

Brent Stachler, LCAC, LMFT, MAC,
ICCS
IAAP Election Committee Chair and
Past President



Thank You to IAAP

I thank the IAAP Board and, you, its members for the distinguished award of Counselor of the Year. I am honored and am thankful to belong to such a prestigious membership organization.

In late 1994, I was provided with an opportunity to work in the addiction recovery profession, specifically with Screening and Intakes. Through mentorship, training, experience, and education, I earned certification and eventually licensure. Had it not been for Albert Alvarez, who was the lead proctor of my oral case presentation, respectfully requesting I become involved in the addiction counselor membership organization, I would not have gained the leadership experience and met many colleagues, some who I have spent the past 10 years in service work with IAAP. Though I have been awarded Counselor of the Year, I owe a debt of gratitude to all former and current leaders and Board members of IAAP and NAADAC, as each of you has added a part of forming who I am today.

This has been a spiritual journey as well, or to state in another way, I have sought through prayer and meditation to improve my conscious contact with God, praying only for knowledge of His Will and power to carry that out. Another word that comes to mind is courage, referenced in the Serenity prayer and throughout The Bible. As Addiction Recovery Professionals, we are very familiar with the 12-steps of recovery, and each of us has a story or testimony of recovery.

Over 20 years ago and with the help of external motivation, I realized my lifestyle was chaotic due to my desire to be self-centered. Fast-forwarding to this present day, I am able to reflect upon moments of growth due to the choice of surrendering to Jesus Christ, my Higher Power. Today, I understand surrender as following His plan for my life rather than mine and choosing to walk in His Footsteps because He is leading the way. Though I have been granted the honor of Counselor of the Year, I owe it to Jesus, "Counselor of Eternity".

Both personally and professionally, I have been stretched and challenged with opportunities to grow. That being stated, I have decided to take a break serving within IAAP so I can concentrate more on serving my family, specifically, my wife and 3 children. As I mentioned to others, I am not "riding off into the sunset". I am choosing to be a passenger on the airplane rather than work in air traffic control or in the cockpit.

Only Our Best,

Brent A Stachler

Brent A Stachler,
IAAP Past President

Study Finds Brain Changes in Young Marijuana Users

The Boston Globe
by Kay Lazar

Young adults who occasionally smoke marijuana show abnormalities in two key areas of their brain related to emotion, motivation, and decision making, raising concerns that they could be damaging their developing minds at a critical time, according to a new study by Boston researchers.

Other studies have revealed brain changes among heavy marijuana users, but this research is believed to be the first to demonstrate such abnormalities in young, casual smokers.

The Boston scientists also found that the degree of brain changes appeared to be directly related to the amount participants smoked per week.

Researchers did not study whether those changes were linked to corresponding declines in brain function, but lead author Jodi Gilman, a psychology instructor at Harvard Medical School and a brain scientist at Massachusetts General Hospital, said such abnormalities in young brains are reason for concern.

"This is when you are making major decisions in your life, when you are choosing a major, starting a career, making long-lasting friendships and relationships," Gilman said.

The findings, published Wednesday in the *Journal of Neuroscience*, come amid an increased debate about the long-term effects of marijuana, as a growing number of states legalize the drug for medicinal and recreational use.

Forty Boston-area young adults aged 18 to 25, many from Boston University, were selected for the study. Researchers used scans to measure the volume, shape, and density of two regions of the brain — the nucleus accumbens and the amygdala.

Half of the group said they used marijuana at least once a week, and the other 20 had not used the drug in the past year, and reported using it less than five times in their life.

Among the group that did smoke, the median use was about six joints per week.

Scans revealed that the nucleus accumbens was larger in marijuana users, compared with nonusers, and

its alteration was directly related to how much the person smoked. The nucleus accumbens is a hub in the brain that is involved with decision making and motivation. Structural changes were also seen in the amygdala, which is involved with emotional behavior.

These changes, Gilman said, may be evidence that the brain is forming new connections that encourage further drug use, "a sort of drug learning process." The study did not address whether the brain changes are permanent.

The results are similar to animal studies that show when rats are given THC, the mind-altering ingredient in marijuana, their brains also form new connections, indicating an adaptation to the unnatural level of reward and stimulation from marijuana.

Other scientists not involved in the study say its small size makes it hard to extrapolate to the general population. But they also said the findings may help explain what happened to the brains of participants in other marijuana studies that demonstrated behavioral and functional changes, but did not use scans to identify potential brain abnormalities.

"Anything that underscores that there may be structural changes in the brain [from marijuana use] is important," said Dr. Staci Gruber, an associate psychiatry professor at Harvard Medical School and a director of brain imaging at McLean Hospital.

Gruber's studies of marijuana smokers have focused on those with longer, more chronic use and have found that those who started smoking at earlier ages, while still in their teens, are less able to perform certain reasoning and decision-making tasks, compared with those who started later in life.

Stuart Gitlow, president of the American Society of Addiction Medicine, said the Mass. General study provides much-needed "hard evidence" of brain changes that appear to match the changes in cognitive skills — thinking and reasoning — that other researchers have demonstrated in marijuana studies.

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"We've known that people who use marijuana when they're younger tend to have cognitive abnormalities, but this gives us direct evidence," he said.

"It's fairly reasonable to draw the conclusion now that marijuana does alter the structure of the brain, as demonstrated in this study," Gitlow said, "and that structural alteration is responsible, at least to some degree, for the cognitive changes we have seen in other studies."

Earlier research has shown different brain changes linked to alcohol or other drug use, such as cocaine.

Dr. Hans Breiter, a coauthor of the Mass. General study, said there are still many unanswered questions about the potential long-term effects of these various chemicals, especially if people use more than one drug. One of his earlier studies, for instance, showed that the amygdala region of the brain shrank with cocaine use, while the new marijuana study suggests an increase.

"Most drug users use more than one drug," said Breiter, a professor of psychiatry and behavioral sciences at Northwestern University Feinberg School of Medicine.

"Cocaine users use opiates, and most marijuana users also drink," he said.

Kay Lazar can be reached at Kay.Lazar@globe.com

Submitted by Kay Bontrager,
IAAP Editor in Chief



The Boston scientists found that the degree of brain changes appeared to be directly related to the amount participants smoked per week.

Drug Tests on Mothers' Hair Links Recreational Drug Use to Birth Defects

Science Daily

Source: University College London

Drug tests on 517 mothers in English inner city hospitals found that nearly 15% had taken recreational drugs during pregnancy and that mothers of babies with birth defects of the brain were significantly more likely to have taken drugs than mothers with normal babies. The study found no significant links between recreational drug use and any other type of birth defect.

The study was led by a team of UCL researchers coordinating data collection from hospitals across London, Bristol and Birmingham and the results are published in the journal PLOS ONE. The study included 213 women whose baby had a type of birth defect with potential links to recreational drug use, 143 women whose baby had a birth defect with no previously reported links to drug use and 161 women whose baby was normally formed.

77 (14.9%) of the women who agreed to take part tested positive for at least one type of recreational drug, of whom 10 had taken more than one drug. 68 women tested positive for cannabis, 18 for cocaine, 1 for ketamine and 1 for MDMA. Drug use was highest around conception and reduced as the pregnancy progressed, but around half of the women who smoked cannabis continued to do so throughout the second trimester.

Evidence of drug use was found in a significantly higher proportion of women whose babies were born with brain birth defects (35%), compared to women whose babies were normally formed (13%). Brain birth defects included brain anomalies other than spina bifida, such as brain cysts and underdevelopment of the brain. These can have severe consequences and lead to lifelong conditions such as cerebral palsy.

"Our findings suggest a link between brain birth defects and recreational drug use in expectant mothers," Dr Anna David of the UCL Institute for Women's Health, lead author of the study and Consultant in Fetal Medicine at UCLH. "We were unable to identify significant links between specific drugs and brain birth defects.

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Therefore I would discourage women trying to get pregnant and those in early pregnancy from taking any recreational drugs including cannabis. Since only 20 of the mothers in our study had babies with brain birth defects, a larger study of such cases is now needed to examine the links with specific drug use more closely."

The study set out to investigate the link between drug use around the time of conception and the first trimester and a variety of birth defects. Smaller studies had suggested that drug use might be a primary risk factor for gastroschisis, a defect in the baby's belly that must be surgically repaired at birth. Other known risk factors for this abnormality include young maternal age and smoking. This larger study showed that the young age of the mother rather than recreational drug use was identified as the primary risk factor for gastroschisis. But for brain defects, drug use was a primary risk factor after taking into consideration the mother's age and use of tobacco and alcohol. Larger studies are now needed to investigate the link between the types of drug use and brain birth defects.

"Current evidence linking recreational drug use with birth defects is patchy as it relies on self-reporting which can be unreliable," explains Dr David. "Our anonymised hair testing offers an objective measure of recreational drug use and showed that it is common in pregnancy. The risks of alcohol and tobacco in pregnancy are relatively well-researched, and we hope that research into drug use will catch up now that we have demonstrated its relevance to babies' health and development."

Researchers took hair samples from consenting mothers, which were then tested for evidence of recreational drug use. The laboratory performing the drug tests were not given access to patient clinical data and all results were anonymised.

When someone takes drugs, traces from the bloodstream are deposited in their hair as it grows. Hair grows at an average rate of one centimetre per month, so a 9cm sample of hair from the scalp will give an approximate timeline of drug use from the past 9 months. The researchers divided hair sam-

ples into three sections of 3cm each, in order to time drug use to the months before and during conception, the first trimester and the second trimester.

The above story is based on [materials](#) provided by [University College London](#). Note: Materials may be edited for content and length.

University College London. "Drug tests on mothers' hair links recreational drug use to birth defects." ScienceDaily. ScienceDaily, 31 October 2014.
www.sciencedaily.com/releases/2014/10/141031150002.htm

Submitted by Kay Bontrager,
IAAP Editor in Chief

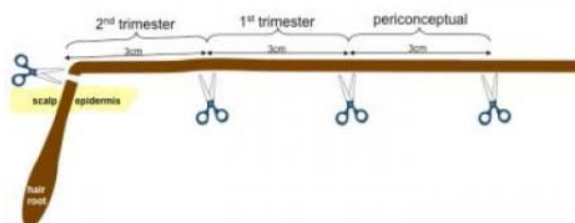


Figure 1: Hair samples comprising approximately 50 hairs were cut at the level of the hair root. From there they were divided into three 3cm segments, representing the three time periods of interest: peri-conceptual (prior to the month in which conception took place and during the month in which conception took place), 1st trimester (up to and including 12 weeks of gestation) and 2nd trimester (13 weeks of gestation onwards). In this example the hair sample was cut when the woman was at the end of the 2nd trimester, giving a 3cm length of hair for each time period of study.

A description used in the hair sampling method used by UCL researchers to detect drugs in the hair of women who had recently given birth.

Credit: Anna David, UCL

ScienceDaily®

Your source for the latest research news

Improving Taste of Alcohol-Free Beer With Aromas From Regular Beer

Science Daily

Source: Plataforma SINC

Consumers often complain that alcohol-free beer is tasteless, but some of the aromas it is lacking can be carried across from regular beer. Researchers from the University of Valladolid (Spain) have developed the technique and a panel of tasters has confirmed its effectiveness.

The alcohol in beer acts as a solvent for a variety of aromatic compounds; therefore, when it is eliminated, as in non-alcoholic beers, the final product loses aromas and some of its taste. It is difficult to recover these compounds, but researchers from the University of Valladolid have done just this using a pervaporation process.

"This technique consists in using a semipermeable membrane to separate two fractions from alcoholic beer: one liquid phase in which alcohol is retained, and another gaseous phase, where the aromatic compounds come in," Carlos A. Blanco, one of the authors explains. "Then, this gaseous phase can be condensed, the aromatic compounds extracted and added to non-alcoholic beer."

To conduct the study, the scientists used a special beer (with 5.5% alcohol) and another reserve beer (6.5%) from which they extracted three aromatic compounds: ethyl acetate, isoamyl acetate and isobutyl alcohol. They then added these substances to two 'almost' alcohol-free beers on the market: low-alcohol beer (less than 1% ABV) and alcohol-free beer (less than 0.1% ABV).

A panel of experts tasted them. 90% of tasters preferred enriched low-alcohol beer instead of their original factory counterparts, and this percentage rose to 80% for alcohol-free beer. The figures have been published in the 'Journal of Food Engineering'.

"In light of these results, we conclude that the taste is improved, and thus the quality of this 'alcohol-free' beer, as the majority of panellists preferred the beer with aromas to the original," Blanco confirms.

The researchers recognize that this technique cannot yet capture all the aromas and tastes associated with alcoholic beer, but it does show progress in making 'alcohol-free' varieties more palatable for the consumer.

Spain is the primary producer and consumer of alcohol-free beer in the European Union. Around 13% of the beer sold in this country is alcohol-free, consumption of which has increased in recent years due to driving restrictions and for health reasons.

The above story is based on [materials](#) provided by [Plataforma SINC](#). Note: Materials may be edited for content and length.

Plataforma SINC. "Improving taste of alcohol-free beer with aromas from regular beer." ScienceDaily. ScienceDaily, 4 November 2014. www.sciencedaily.com/releases/2014/11/141104111406.htm

Submitted by Kay Bontrager,
IAAP Editor in Chief



Some aromatic substances from alcoholic beer can be extracted and added to alcohol-free varieties.

Credit: Alexandre Lazaro

Advertisement Opportunities

Place your ad here!



New opportunities are now available to advertise in the IAAP electronic newsletter! If you would like to place an ad or if you want more information on how to advertise with us in our electronic newsletters, please contact Stephanie by email at stephanie@centraloffice1.com.

Bylaws Committee

Dear IAAP Members:

I want to personally thank each and every one of you for your unanimous vote to pass the proposed Bylaw changes at the Fall Business Meeting. Revising our organizational Bylaws is not the most fun job in the Addiction Recovery Profession, but it is a vital job. Reviewing and revising the Bylaws is an activity that is taken very seriously by the Bylaws Committee, because our Bylaws set the standards for our organization, creating and sustaining the legal basis for the way IAAP operates. The Bylaws Committee pores over the Bylaws in great detail before recommending any changes to our members, examining how each change will have a ripple effect through the document to ensure consistency throughout the Bylaws. Your unanimous vote to pass all the proposed changes was a huge vote of confidence for the members of the Bylaws Committee.

At the NAADAC Conference in 2012 in Indianapolis, Dr. Wesley Clark of SAMSHA publicly stated that Indiana is at the forefront of the Addictions Recovery Profession. Although I believe he was specifically referring to Don Osborn's creation of the Addictions Profession and Indiana Wesleyan University's Addictions Studies coursework, the IAAP Bylaws and Policies and Procedures have served as a model for numerous other states, for the recently completed revision of the

NAADAC Bylaws, and for the current revision of the NAADAC Policies and Procedures. We, as an organization, and each and every member of IAAP should be proud of the role IAAP has played on the national stage of our profession.

My Bylaws Committee Report is short because all the hard work was completed and approved. The Bylaws Committee will continue to review the Bylaws on an annual basis and bring recommendations for changes to you, our members. Thank you for your support.

Only our best,



Ron Chupp, LCAC, LCSW

IAAP Past President and Bylaws Committee Chair



IMPORTANT NEWSLETTER UPDATE:

In order to help the association **GO GREEN**, the IAAP newsletter is going to become electronic!

Beginning with this issue of the IAAP newsletter, members will now see their newsletter in their email inbox! If you would prefer to receive a printed copy, please contact Stephanie by email at stephanie@centraloffice1.com.

Thank you for showing IAAP your **electronic support!**

Emptying my 'closet of hurts'

The Forum

By Josephine B-V, New Mexico

For eight years, I had been living a life of emotional hoarding because of alcoholism. I lived in seclusion, consumed by depression, constant worry, and panic. Unlike a hoarder who collects things, I had been collecting "hurts."

My son's disease was kept a secret because admitting it to others was much too painful. I was in denial for thinking that no one outside of our family knew of the alcoholic's weekly episodes. My denial was no different from the alcoholic's denial that blinded him from seeing the devastation that his untreated disease was causing in his life.

Sharing what had become my chaotic life with family and friends only made them feel just as helpless about my pain as I was with the alcoholic's pain. I had made it my mission in life to always be there for my children. Now, I was faced with the reality that I wasn't able to find the solutions that would cure the disease that had sucked the life out of my family.

Along with each new hurt and disappointment, came my ability to stuff the pain in my little "closet of hurts." My sadness could be stored in a make-believe place, where no one could see it. I had such a strong desire to protect the alcoholic. The pain and the memories associated with alcoholism had become mine alone. I had reached a point that sharing my thoughts only led to more feelings of inadequacy for not being able to fix my loved one's life.

The stories of our lives seem incredulous to people who knew our family. Keeping my reality locked away somehow acted as a shield from admitting our less-than-perfect life to others. Each new drinking binge, and the disastrous events that followed, brought about the repetitive pain of watching someone you love suffer and not being able to help them. The consequences of his behavior had led to job losses, school dismissal, hospitalizations, and yes, jail!

It took all these years for those hurts to accumulate to the point that my closet door would no longer close and they all came tumbling out of the closet. They had morphed themselves into a hurt that I no longer recognized as the alcoholic's pain, but rather as my own.

My life had become insanely chaotic. I was no longer able to keep one step ahead of him, and the fear was overwhelming. I felt defeated by the lies, bro-

ken dreams, panic, and unpredictability of the alcoholic's life. One very somber day, I bravely walked into my first Al-Anon meeting, then another. For several weeks, I attended a meeting every day in order to try to regain some of my own sanity.

In the Al-Anon meetings, I saw only survivors. They may have been just as wounded when they came to this fellowship, but now they were composed, and ready to help me too. Most of my first meetings, I did not share because I could not trust myself to even begin to resign myself to accepting that the alcoholic may never recover. To make that admission felt as though I was betraying my role of a loving, supportive mother.

The more meetings I attended, the more survival tools I gathered. The Serenity Prayer soon became a prayer said each time I felt panic at the unpredictability of what the evening would bring when my son was hanging out with friends. These meetings offered me hope. They helped me to start replacing hurts with acceptance, compassion, and soon with forgiveness.

There was healing with each meeting. I soon felt some of the resentments begin to dissipate, as I was no longer a victim of the hurts I had subconsciously tucked away. I am still not where I need to be in the process of understanding, acceptance, and relinquishment to my Higher Power, but I do know that I now have a burning desire to clean out my useless little "closet of hurts"—"One Day at a Time."

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